

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Dayton Board of Education
348 West First Street
Dayton, OH 45402

4. Article Number: P 073 417 339

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address:
X

6. Signature - Agent:
Ken Tindall

7. Date of Delivery: 8-14-89

8. Addressee's Address (ONLY if requested and fee paid):

300910

PS Form 3801, Mar. 1988 * U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

5HS-11
KEN TINDALLP 073 417 339
RECEIPT FOR CERTIFIED MAIL
INSURANCE COMBINE PREPAID
REG. MAIL
(See Reverse)Dayton Board of Education
348 West First Street
Dayton, OH 45402

Certified Mail	95
Special Delivery, If No Signature Delivered	
Priority Mail	
Commercial Mail	
Delivery to Post Office or Agent on Order Indicated	
Delivery to Addressee and Addressee's Agent	
Delivery to Postage Office or Post Office Branch	
Postage Paid	50
Postage Due	90

5HS-11
KEN TINDALL

US EPA RECORDS CENTER REGION 5



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